

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT

OTSG APPROVED (Date)

1. EFMP enrollment was completed on:
2. Diagnosis:
3. Health care and service providers needed:
4. Medications required on a routine basis:
5. Under the provisions of AR 608-75 (Exceptional Family Member Program), copies of the EFMP Summary Report relative to the individual identified below were distributed as follows:
<input type="checkbox"/> Copy mailed to sponsor's home address.
<input type="checkbox"/> Original forwarded to Outpatient Records, Kimbrough Ambulatory Care Center, for inclusion in the individual's medical record.
<input type="checkbox"/> Face sheet forwarded to the EFMP Manager, Army Community Service, Fort George G. Meade.
<input type="checkbox"/> Copy retained in the files of the EFMP Section, Community Health Nursing, Kimbrough Ambulatory Care Center.

(Continue on reverse)

PREPARED BY (Signature & Title)		DEPARTMENT/SERVICE/CLINIC	DATE
PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)		<input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> FLOW CHART	
Name:	DOB:	<input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> OTHER (Specify)	
FMP/SSN:	Gender:	<input type="checkbox"/> DIAGNOSTIC STUDIES	
		<input type="checkbox"/> TREATMENT	